

2002 UNIFORM BUSINESS REPORT (UBR)

Amended
 02 JUL 12 PM 2:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L49798**

1. Entity Name
AMERICAN MORTGAGE CO. & ASSOCIATES INC.

Principal Place of Business Mailing Address
1855 W SR 434 1855 W SR 434
273 273
LONGWOOD FL 32750 LONGWOOD FL 32750
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2995242** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRAMS, MARTHA
895 REEDY COVE
CASSELBERRY FL 32707

Name **Patsy J. Bryant**
 Street Address (P.O. Box Numbers Not Accepted) **233 River Village Dr.**
DeBary, FL 32713
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Patsy J. Bryant* 07/02/02
(Signature, typed or printed name of registrant and title, if applicable. (NOTE: Registered Agent signature required when not on file.)

9. This corporation is eligible to elect its intangible tax filing (see instructions and schedule to do so.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PV ABRAMS, MARTHA**
 STREET ADDRESS **1320 LK DORA DR**
 CITY-STATE-ZIP **TAVARES FL 32778**

TITLE Change Addition
 NAME **PV Patsy J. Bryant**
 STREET ADDRESS **233 River Village Dr.**
 CITY-STATE-ZIP **DeBary, FL 32713**

TITLE Delete
 NAME **TS WILLIAMSON, TINA**
 STREET ADDRESS **840 TIMBER CT.**
 CITY-STATE-ZIP **APOPKA FL**

TITLE Change Addition
 NAME **500006447865--9**
 STREET ADDRESS **-07/16/02--01041--007**
 CITY-STATE-ZIP *******61.25 *****61.25**

TITLE Delete
 NAME **D BRYANT, PATSY J.**
 STREET ADDRESS **233 RIVER VILLAGE DR**
 CITY-STATE-ZIP **DEBARY FL 32713**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 or as a signatory on an attachment with an address, with all other like empowered.

M. J. Bryant